



MEDICARE
A/B MAC Jurisdiction M

Letter Number: 24643209

Date: 03/20/2019

DALCON HEALTH SERVICES INC
16943 DUSTY MILL DRIVE EAST
SUGAR LAND, TX 774984804

INITIAL REQUEST

RE : Part A Claims Accounts Receivable
Overpayment Amount: \$209,857.12
Outstanding Balance: \$209,857.12
Provider Number: 747602-1104153600

Dear Sir/Madam:

Claims adjustments were entered in our system under provider DALCON HEALTH SERVICES INC. Additional adjustments were made to the claims, and a balance in the amount of \$209,857.12 has been outstanding for 60 days. As this amount has not been recouped through claims submission, the purpose of our letter is to request that this amount be repaid to our office. The attached documentation explains how this happened.

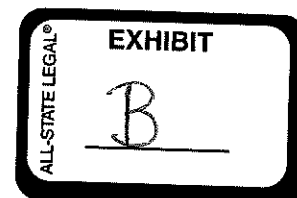
Why you are responsible:

You are responsible for following correct Medicare filing procedures and must use care when billing and accepting payment. You are responsible for repayment in this matter based upon one or both of the following criteria:

1. You billed and/or received payment for services for which you should have known you were not entitled to receive payment. Therefore, you are not without fault and are responsible for repaying the overpayment amount.
2. You received overpayments resulting from retroactive changes in the Medicare Physician Fee Schedule and/or changes mandated by legislation.

If you dispute this determination, please follow the appropriate appeals process listed below. Please be aware that you may appeal all of the claims from this overpayment demand letter or any part of the claims. (Applicable authorities: section 1870(b)(c) of Social Security Act; subsection 405.350 - 405.359 of Title 42, subsection 404.506 - 404.509, 404.510a and

Palmetto GBA, LLC
2300 Springdale Drive, Camden, South Carolina 29020
www.PalmettoGBA.com/Medicare



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404.512 of Title 20 of the United States Code of Federal Regulations.)

Rebuttal Process:

Under the existing regulations 42 CFR section 405.374, providers and other suppliers will have **15 days from the date of this demand letter** to submit a statement of opportunity to rebut. A rebuttal is not intended to review supporting medical documentation nor disagreement with the overpayment decision. A rebuttal should not duplicate the redetermination process. **This is not an appeal of the overpayment determination.** We will review your rebuttal documentation and determine whether the facts justify ceasing the recoupment or offset. Our office will advise you of our decision 15 days from the mailroom-stamped receipt date of your request.

Interest Assessment:

If you do not pay the full amount in 30 days, in accordance with 42 CFR 405.378, simple interest at the rate of 10.75 % will be charged on the unpaid balance of the overpayment, beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment, interest will continue to accrue on the remaining principal balance, at the rate of 10.75 %. In addition, please note that Medicare rules require that payment be either received in our office by 04/18/2019 United States Postal Service Postmark by that date for the payment to be considered timely. A metered mail postmark received in our office after 04/18/2019 will cause an additional month's interest to be assessed on the debt.

Payment by Recoupment:

If payment in full is not received immediately, payments to you can be recouped (recoupment) until payment in full is received if you haven't submitted an acceptable ERS request.

Make a payment or arrange for payments:

What you should do:

Please return the overpaid amount to us by 04/18/2019 and no interest will be assessed. We request that you refund this amount in full.

Make the check payable to Medicare **Part A** and send it with a **copy of this letter** to:

Palmetto GBA, LLC
P.O. Box 100277
Columbia, SC 29202

If you are unable to refund the entire amount at this time, advise this office immediately, with a

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request for an **Extended Repayment Schedule (ERS)** so that we may determine if you are eligible for one. Any repayment plan (where one is approved) would run from the date of the ERS review approval date.

You can visit our website at www.PalmettoGBA.com/Medicare for the ERS Request instructions.

You may contact this office for information on how to fax your request.

If you wish to appeal this decision:

If you disagree with this overpayment decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claims. The first level of appeal is called a redetermination. You must file your request for a redetermination 120 days from the date of this letter. Unless you show us otherwise, we assume you received this letter within 5 days of the date of this letter.

Please send your request for redetermination to:

Palmetto GBA, LLC - APPEALS REDETERMINATION
Attn: JM Medicare Part A Appeals, AG-630
PO Box 100238
Columbia, SC 29202-3238

Medicaid Offset:

If this matter is not resolved, CMS may instruct the Medicaid State Agency to withhold the Federal share of any Medicaid payments that may be due you or related facilities until the full amount owed Medicare is recouped; Title 42 CFR, section 447.30(g). These recoveries will be in addition to any recoupments from other Medicare funds due you until the full amount owed to Medicare is recovered.

Right to Inspect Records Prior to Referral to Treasury:

In the event an Intent to Refer (ITR) letter is sent, you have the right to inspect and copy all records pertaining to your debt. In order to present evidence or review the CMS records, you must submit a written request to the address below. Your request must be received within 60 calendar days from the ITR letter date. In response to a timely request for access to CMS' records, you will be notified of the location and time when you can inspect and copy records related to this debt. Interest will continue to accrue during any review period. Therefore, while review is pending, you will be liable for interest and related late payment charges on amounts not paid by the due date identified above.

For Individual Debtors Filing a Joint Federal Income Tax Return:

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The Treasury Offset Program automatically refers debts to the Internal Revenue Service (IRS) for Offset. Your Federal income tax refund is subject to offset under this program. If you file a joint income tax return, you should contact the IRS before filing your tax return to determine the steps to be taken to protect the share of the refund, which may be payable to the non-debtor spouse.

For Debtors that Share a Tax Identification Number(s):

Section 1866(j)(6) of the Social Security Act authorizes the Secretary of Health and Human Services (the Secretary) to make any necessary adjustments to the payments of an applicable provider or supplier who shares a TIN with an obligated provider or supplier, one that has an outstanding Medicare overpayment. The Secretary is authorized to adjust the payments of such a provider or supplier regardless of whether it has been assigned a different billing number or National Provider Identification Number (NPI) from that of the provider or supplier with the outstanding Medicare overpayment.

Federal Salary Offset:

If the facility ownership is either a sole proprietorship or partnership, your individual salary(s) may be offset if you are, or become, a federal employee.

If you have filed a bankruptcy petition:

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy, please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:

Part A - Hospice: 855-696-0705

We look forward to hearing from you shortly.

Sincerely,

Medicare Part A Recovery Unit
Palmetto GBA, LLC

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Invoice Number: 2017237AG

Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
21715301919604T87	P [REDACTED]	Not Available	03/25/2017	05/23/2017	\$1,656.73	06/16/2017	1104153600	\$1,656.73
Sub_Total								\$1,656.73
21716501249304T87	J [REDACTED] B [REDACTED]	Not Available	03/31/2017	05/29/2017	\$1,788.22	06/28/2017	1104153600	\$1,788.22
Sub_Total								\$1,788.22
21718000163704T87	V [REDACTED] B [REDACTED]	Not Available	04/24/2017	06/22/2017	\$2,671.70	07/17/2017	1104153600	\$2,671.70
Sub_Total								\$2,671.70
21718000169904T87	D [REDACTED] C [REDACTED]	Not Available	04/26/2017	06/24/2017	\$1,995.44	07/13/2017	1104153600	\$1,995.44
Sub_Total								\$1,995.44
21718000177604T87	H [REDACTED] H [REDACTED]	Not Available	04/21/2017	06/19/2017	\$3,605.14	07/14/2017	1104153600	\$3,605.14
Sub_Total								\$3,605.14
21718000188904T87	J [REDACTED] S [REDACTED]	Not Available	04/29/2017	06/27/2017	\$2,406.96	07/13/2017	1104153600	\$2,406.96
Sub_Total								\$2,406.96
21718000209704T87	T [REDACTED] C [REDACTED]	Not Available	04/29/2017	06/27/2017	\$2,031.69	07/13/2017	1104153600	\$2,031.69
Sub_Total								\$2,031.69
21718000214904T87	A [REDACTED] A [REDACTED]	Not Available	04/19/2017	05/09/2017	\$1,656.73	07/13/2017	1104153600	\$1,656.73
Sub_Total								\$1,656.73
21718803305204TD6	A [REDACTED] H [REDACTED]	Not Available	05/06/2017	05/19/2017	\$406.75	07/14/2017	1104153600	\$406.75
Sub_Total								\$406.75
21719301532104T87	R [REDACTED] B [REDACTED]	Not Available	05/02/2017	06/30/2017	\$1,788.22	07/26/2017	1104153600	\$1,788.22

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Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
Sub_Total								\$1,788.22
21719301544704T87	W M	Not Available	05/10/2017	06/24/2017	\$2,776.56	07/26/2017	1104153600	\$2,776.56
Sub_Total								\$2,776.56
21719301557804T87	W M	Not Available	05/06/2017	07/04/2017	\$2,031.69	07/26/2017	1104153600	\$2,031.69
Sub_Total								\$2,031.69
21720000775604T87	E M	Not Available	03/28/2017	05/26/2017	\$1,656.73	08/02/2017	1104153600	\$1,656.73
Sub_Total								\$1,656.73
21720000808404T87	R W	Not Available	03/27/2017	05/25/2017	\$1,608.16	08/02/2017	1104153600	\$1,608.16
Sub_Total								\$1,608.16
21721902414904T87	P F	Not Available	05/24/2017	07/22/2017	\$1,656.73	08/21/2017	1104153600	\$1,656.73
Sub_Total								\$1,656.73
21721902476304T87	J B	Not Available	05/30/2017	07/28/2017	\$1,788.22	08/21/2017	1104153600	\$1,788.22
Sub_Total								\$1,788.22
21721902500404T87	P W	Not Available	05/26/2017	07/24/2017	\$1,608.16	08/21/2017	1104153600	\$1,608.16
Sub_Total								\$1,608.16
21721902515604T87	E M	Not Available	05/27/2017	07/25/2017	\$1,656.73	08/21/2017	1104153600	\$1,656.73
Sub_Total								\$1,656.73
21722001560904T87	L B	Not Available	06/07/2017	08/05/2017	\$1,824.47	08/22/2017	1104153600	\$1,824.47
Sub_Total								\$1,824.47
21725101913304T87	P B	Not Available	07/01/2017	08/29/2017	\$1,788.22	09/25/2017	1104153600	\$1,788.22

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Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
Sub_Total								\$1,788.22
21725101955804T87	J [REDACTED] S [REDACTED]	Not Available	06/28/2017	08/26/2017	\$2,031.69	09/22/2017	1104153600	\$2,031.69
Sub_Total								\$2,031.69
21725101955804T87	D [REDACTED] C [REDACTED]	Not Available	06/25/2017	08/23/2017	\$1,995.44	09/22/2017	1104153600	\$1,995.44
Sub_Total								\$1,995.44
21725101968304T87	V [REDACTED] B [REDACTED]	Not Available	06/23/2017	08/21/2017	\$1,788.22	09/22/2017	1104153600	\$1,788.22
Sub_Total								\$1,788.22
21725101981804T87	T [REDACTED] C [REDACTED]	Not Available	06/28/2017	08/26/2017	\$2,031.69	09/25/2017	1104153600	\$2,031.69
Sub_Total								\$2,031.69
21725401546004T87	W [REDACTED] M [REDACTED]	Not Available	07/05/2017	09/02/2017	\$2,031.69	09/25/2017	1104153600	\$2,031.69
Sub_Total								\$2,031.69
21727503997904T87	M [REDACTED] C [REDACTED]	Not Available	07/20/2017	09/17/2017	\$1,739.90	10/17/2017	1104153600	\$1,739.90
Sub_Total								\$1,739.90
21729101660404T87	A [REDACTED] A [REDACTED]	Not Available	07/20/2017	08/18/2017	\$3,549.11	11/01/2017	1104153600	\$3,549.11
Sub_Total								\$3,549.11
21729101661004T87	P [REDACTED] F [REDACTED]	Not Available	07/23/2017	09/20/2017	\$1,656.73	11/01/2017	1104153600	\$1,656.73
Sub_Total								\$1,656.73
21729101661304T87	R [REDACTED] W [REDACTED]	Not Available	07/25/2017	09/22/2017	\$1,656.73	11/01/2017	1104153600	\$1,656.73
Sub_Total								\$1,656.73
21729101662304T87	E [REDACTED] M [REDACTED]	Not Available	07/26/2017	09/23/2017	\$1,656.73	11/01/2017	1104153600	\$1,656.73

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Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
21805201622104T87	D [REDACTED] C [REDACTED]	Not Available	12/22/2017	02/19/2018	\$1,956.25	03/07/2018	1104153600	\$1,956.25
Sub_Total								\$1,956.25
21805201623904T87	V [REDACTED] B [REDACTED]	Not Available	12/20/2017	02/17/2018	\$2,273.21	03/07/2018	1104153600	\$2,273.21
Sub_Total								\$2,273.21
21806702057504T87	T [REDACTED] C [REDACTED]	Not Available	12/25/2017	02/22/2018	\$2,316.47	03/22/2018	1104153600	\$2,316.47
Sub_Total								\$2,316.47
21806702058604T87	R [REDACTED] B [REDACTED]	Not Available	12/28/2017	02/25/2018	\$1,760.17	03/23/2018	1104153600	\$1,760.17
Sub_Total								\$1,760.17
21811701384704T87	T [REDACTED] C [REDACTED]	Not Available	02/23/2018	04/23/2018	\$1,992.13	05/11/2018	1104153600	\$1,992.13
Sub_Total								\$1,992.13
21811701384904T87	M [REDACTED] S [REDACTED]	Not Available	02/03/2018	04/03/2018	\$3,353.19	05/11/2018	1104153600	\$3,353.19
Sub_Total								\$3,353.19
21811701385004T87	R [REDACTED] J [REDACTED]	Not Available	01/23/2018	03/23/2018	\$1,631.65	05/11/2018	1104153600	\$1,631.65
Sub_Total								\$1,631.65
21811701385504T87	E [REDACTED] M [REDACTED]	Not Available	01/22/2018	03/22/2018	\$1,631.65	05/11/2018	1104153600	\$1,631.65
Sub_Total								\$1,631.65
21811701385804T87	A [REDACTED] A [REDACTED]	Not Available	01/26/2018	03/26/2018	\$1,760.17	05/11/2018	1104153600	\$1,760.17
Sub_Total								\$1,760.17
21811701386204T87	P [REDACTED] F [REDACTED]	Not Available	01/19/2018	03/19/2018	\$1,631.65	05/11/2018	1104153600	\$1,631.65
Sub_Total								\$1,631.65
21811701386404T87	J [REDACTED] B [REDACTED]	Not Available	01/25/2018	03/25/2018	\$1,760.17	05/11/2018	1104153600	\$1,760.17

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Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
Sub_Total								\$1,760.17
21812001670604T87	R [REDACTED] W [REDACTED]	Not Available	01/21/2018	03/21/2018	\$1,561.51	05/14/2018	1104153600	\$1,561.51
Sub_Total								\$1,561.51
21812901737904T87	L [REDACTED] B [REDACTED]	Not Available	02/10/2018	04/10/2018	\$2,120.67	05/23/2018	1104153600	\$2,120.67
Sub_Total								\$2,120.67
21814101522504T87	E [REDACTED] M [REDACTED]	Not Available	03/23/2018	05/21/2018	\$1,631.65	06/04/2018	1104153600	\$1,631.65
Sub_Total								\$1,631.65
21814101525304T87	R [REDACTED] W [REDACTED]	Not Available	03/22/2018	05/20/2018	\$1,561.51	06/04/2018	1104153600	\$1,561.51
Sub_Total								\$1,561.51
21814101528304T87	P [REDACTED] F [REDACTED]	Not Available	03/20/2018	05/18/2018	\$1,631.65	06/04/2018	1104153600	\$1,631.65
Sub_Total								\$1,631.65
21814101531104T87	R [REDACTED] J [REDACTED]	Not Available	03/24/2018	05/10/2018	\$1,631.65	06/06/2018	1104153600	\$1,631.65
Sub_Total								\$1,631.65
21814101538704T87	W [REDACTED] M [REDACTED]	Not Available	03/12/2018	05/10/2018	\$2,173.63	06/04/2018	1104153600	\$2,173.63
Sub_Total								\$2,173.63
21814901651504T87	A [REDACTED] A [REDACTED]	Not Available	03/27/2018	05/25/2018	\$1,760.17	06/18/2018	1104153600	\$1,760.17
Sub_Total								\$1,760.17
21814901673104T87	J [REDACTED] B [REDACTED]	Not Available	03/26/2018	05/24/2018	\$1,760.17	06/12/2018	1104153600	\$1,760.17
Sub_Total								\$1,760.17
21815602097204T87	M [REDACTED] S [REDACTED]	Not Available	04/04/2018	06/02/2018	\$3,838.39	06/19/2018	1104153600	\$3,838.39

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Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
Total								\$209,857.12

Reason for Overpayment:- This claim adjustment was done by the Fiscal Intermediary/Medicare Administrative Contractor (FI/MAC) to cancel the entire Home Health Episode.

Grand Total: \$209,857.12